| IND PEAN C | OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDII B. WING | | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|---|----------------------------|--|---|
| | | HFD12-0029 | DDDECC CITY | PTATE ZID CODE | 05/30/2008 |
| WARD | ROVIDER OR SUPPLIER | 806 FLC | DRAL PL, NW NGTON, DC 2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC' | ION SHOULD BE COMPI HE APPROPRIATE DAT |
| 1 000 | INITIAL COMMEN | TS . | 1 000 | | |
| | 2008 through May of two residents wa population of three The findings of the observations, inter- staffs, program coo | was conducted from May 29, 30, 2008. A random sample as selected from a resident males with various disabilities survey were based on views with two residents, ordinators in the home, as well dent records, administrative ent reports. | i c | | L C NOF BODZ |
| ۱ 060 | 3502.18 MEAL SE | RVICE / DINING AREAS | 1 060 | The facilities Check list will | weekly 2-27 |
| | | hall be stored at proper der to conserve nutritive value | | check list will revised to incl | l bt = |
| | Based on observat failed to ensure that | met as evidenced by: ion and interview, the GHMRF at equipment necessary for eezer temperatures was | | thermometer in refrigerator as Both QMRP an | d freezer. |
| | The finding include | s: | | councilos will | |
| | on 5/30/08 at 8:43 located in the botto refrigerator. Intervi Manager acknowle | g the environmental walk-thru AM revealed no thermometer om part of the kitchen iew with facility's House adged that there was no ttom part of the kitchen | | ensure places Please find en Copy of revised | . • |
| I 091 | 3504.2 HOUSEKE | EPING | I 091 | | |
| | be well constructed | maintenance equipment shall d, properly maintained and function for which it is to be | | | |

STATE FORM

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIE IDENTIFICATION NU | | A. BUILDIN | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | HFD12-0029 | I <u>4</u> | | | 05/30/2008 | | |
| WARD | PROVIDER OR SUPPLIER | | 806 FLOF | DDRESS, CITY, STATE, ZIP CODE RAL PL, NW GTON, DC 20012 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM/ | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE COMPLETE | | |
| I 091 | This Statute is not met as evidenced by: Based on observations and interview, the facility failed to maintain the interior and exterior of the GHMRP in a in a safe, clean, orderly, attractive, and sanitary manner. The finding includes: | | ne facility or of the | I 091 | Juterior: i. it and rails les from front entre kitchen have be tightenæd. | | | |
| | Observation and interview with the House Manager during the environmental walk through on 5/30/08 beginning at 8:43 AM revealed the following: | | | | 2. Laundry room window covering been replaced | ig has 630-08 | | |
| | door to the kitchen 2. Torn plastic cov window located in | the wall was observ | loose. in the | | 3. Who Hole in the at the bottom of ment steps has repaired. Exterior: | he wall 6-3008 base- | | |
| | Exterior | ment steps. | | | i. Front door e has been repai | ited. | | |
| | There was pain front entry door. Bedrooms | t chipping observed o | on the | | Bedroom: Knobs have bee replaced. | n 6-30-08 | | |
| | Knobs were missir drawers in Resider | ng on the top and secont # 2's bedroom. | ond | | additionally bea | ete checklist | | |
| I 095 | | EPING austic agent shall be nd shall be out of dire | | I 095 | and PMRP will weekly oversigh | provide | | |

| AND PLAN OF CORRECTION IDENTIFICATION | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI | | (X2) MULT A. BUILDIN B. WING | | (X3) DATE SI COMPLE | |
|---------------------------------------|---|---|--|------------------------------------|---|------------------------|--------------------------|
| NAME OF P | ROVIDER OR SUPPLIER | • | STREET ADI | DRESS, CITY, | STATE, ZIP CODE | | |
| WARD | | | | AL PL, NW TON, DC 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDERS) CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETE DATE |
| I 095 | Based on observation the GHMRP failed were stored in a local The finding include During the environment of the finding determine the store of the finding include the | met as evidenced by ion and interview rev to ensure that caustic cked cabinet. | ealed that cagents | I 095 | The facilities checked has been revised to include proper sto or all caustic agent this checklist will be completed weekly be lead councilor and oversight. | tage ts. | 6-30-08 |
| I 135 | order to test the eff four (4) times a year This Statute is not Based on staff inter GHMRP failed to be on all shifts. The finding include Interview with the Hamiltonian pattern 9:26 AM revealed to follows: Weekdays 1st Shift 8 AM to 4 | I conduct simulated frectiveness of the plans of the secheduled shifts a PM | n at least c: ew, the quarterly review of cimately | I 135 | | | |
| | 2nd Shift 4 PM to 1 3rd Shift 12 AM to | 2 PM | | | | | |

Weekends/Saturday and Sunday

| NAME OF PROVIDER OR SUPPLIER WARD STREET ADDRESS, CITY, STATE, 2P CODE 806 FLORAL PL, NW WASHINSTON, DC 20012 PRETIX SUMMARY STATEMEN OF CERCIFICATE REGULATORY OR LSC DENTEYING INFORMATION) PRETIX 1135 Continued From page 3 1st Shift 8 AM to 4 PM 2nd Shift 12 AM to 8 AM Further interview with the House Manager revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drill log book from May 2007 to May 2008 revealed that the facility falled to hold simulated fire drills were conducted quarterly on all shifts. 1165 3507.4(c) POLICIES AND PROCEDURES The manual shall incorporate policies and procedures for at least the following: (c) Health and safety, which covers fire safety and evacuation, infection control, medication, and procedures for emergency and the death of a resident; This Statute is not met as evidenced by: Based on interview and review of the GHMRP spolicies and procedures manual on May 29, 2008 revealed the GHMRP failed to have a policy to include funeral/burial. 2. Interview with the facility's Registered Nurse and review of the GHMRP policies and procedures manual on May 29, 2008 revealed the GHMRP failed to have a policy to include funeral/burial. 2. Interview manual on May 29, 2008 revealed the GHMRP policies and procedures manual on May 29, 2008 revealed the GHMRP failed to have a policy to include funeral/burial. 2. Interview manual on May 29, 2008 revealed the GHMRP policies and procedures manual on May 29, 2008 revealed the GHMRP failed to have a policy to include funeral/burial. 2. Interview with the facility's Registered Nurse and review of the GHMRP policies and procedures manual on May 29, 2008 revealed the GHMRP failed to have a policy to include funeral/burial. 2. Interview and review of the GHMRP policies and procedures manual on May 29, 2008 revealed the GHMRP policies and procedures manual on May 29, 2008 revealed the GHMRP policies and procedures manual on May 29, 2008 revealed the GHMRP policies and procedures manua | | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIE IDENTIFICATION NU | | A. BUILDIN | | (X3) DATE SU COMPLE | |
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| SOF FLORAL PL, NW WASHINGTON, DC 20012 | | | HFD12-0029 | | B. WING_ | · · · · · · · · · · · · · · · · · · · | 05/30 |)/2008 |
| WASHINSTON, DC 20012 WASHINSTON, DC 20012 WASHINSTON, DC 20012 WASHINSTON, DC 20012 PROVIDERS PLAN OF CORRECTION RECOLLATORY OF LOCATION OF CORRECTION RECOLLATORY OF LOCATION O | NAME OF P | ROVIDER OR SUPPLIER | | | | · | | |
| PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LISC IDENTIFYING INFORMATION REGULATORY O | WARD | | | | , | | | |
| 1st Shift 8 AM to 4 PM 2nd Shift 12 AM to 8 AM Further interview with the House Manager revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drill log book from May 2007 to May 2008 revealed that the facility failed to hold simulated fire drills a least four times a year for each shift during. There was no evidence that fire drills were conducted quarterly on all shifts. 1185 3507.4(c) POLICIES AND PROCEDURES The manual shall incorporate policies and procedures for at least the following: (c) Health and safety, which covers fire safety and evacuation, infection control, medication, and procedures for emergency and the death of a resident; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure a policy on health and safety to include trauma and death. The findings include: 1. Interview with the facility's Registered Nurse and review of the GHMRP's policies and procedures manual on May 29, 2008 revealed the GHMRP failed to have a policy on destroying Beath Regulation Administration | PRÉFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY | FULL | PREFIX | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR | ULD BE | COMPLETE |
| lealth Regulation Administration | | 1st Shift 8 AM to 4 2nd Shift 4 PM to 1 3rd Shift 12 AM to Further interview w revealed that the st drill once per month fire drill log book fro revealed that the fa fire drills at least for during. There was were conducted qu 3507.4(c) POLICIE The manual shall in procedures for at le (c) Health and safe and evacuation, infi procedures for eme resident; This Statute is not Based on interview GHMRP failed to en health and safety to The findings include 1. Interview and re and procedures ma revealed the GHMR include funeral/buri 2. Interview with th and review of the G | PM 2 PM 8 AM with the House Manage taff was required to chon each shift. Revious May 2007 to May acility failed to hold sinur times a year for earno evidence that fire earterly on all shifts. S AND PROCEDUR incorporate policies are east the following: ety, which covers fire election control, medicing and record review, the same as evidenced by and record review, the sure a policy on the control of include trauma and the estimated on May 29, 2000 RP failed to have a policie. The facility's Registered SHMRP's policies and the facility's | onduct a lew of the 2008 mulated ach shift odrills ES and safety lation, and h of a lew death. Is policies les les lolicy to led Nurse death. | I 165 | Peview of fire dril record indicate to there were 4 fired Performed during 5/08 on each ship 8-4: 1/20/07, 4/19/02, 5/11/1 4-12: 7/12/07, 4/20/07, 1/24/07, 12-8: 7/9/07, 9/10/07, 1/24/07, Please find copies attached. #1. Please find a copy of Funeral a Buried policy. | rills 5/07- It 02, 5/25/08. 3/5/08. Utached | |
| TATE FORM 5899 BPM811 If continuation sheet 4 of 1. | - | ation Administration | ave a policy on destr | , , , , , , , , , , , , , , , , , , , | | | | |

| | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI | | | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| l 165 | Continued From pa | ige 4 | | l 165 | | | |
| | medications. | | | | | | |
| I 168 | 3507.4(f) POLICIES | S AND PROCEDURE | S | I 168 | (P) Please find a | ttached | 6-20-08 |
| | 3507.4 The manual shall incorporate policies and procedures for at least the following: | | | Policy on Rolmissio | m, | | |
| | covers admission c post-admission acti | sfer and discharge, w riteria: pre-and ivities, program planr irge procedures; and | ning, | | (P) Please find a Policy on Rdmissio transfer, and d charge policy. | us – | |
| | | met as evidenced by view, the facility faile keeping. | | | · | | |
| | The finding includes | s: | | | | | |
| | on 5/29/08 at 9:49 A failed to have a poli discharge, which co pre-and post-admis | onnel policies and pro AM revealed, the GH icy on admission, tran oves admission criter asion activities, progra and discharge proced rey. | MRP nsfer, and ia: am | | | | |
| l 184 | 3508.5(a) ADMINIS | STRATIVE SUPPOR | Γ | l 184 | | | |
| | Each GHMRP shall that shows the follo | l have an organizatio wing: | n chart | | | | |
| | | onents of the adminis of individuals when t gency; | | | | | |
| | Based on interview failed to provide an | met as evidenced by and review, the GHM organizational chart components of the a | /IRP reflecting | · | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUMBER 12 PAGE | | | (X2) MULTI A. BUILDIN B. WING | | (X3) DATE SURVEY COMPLETED | | | |
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| NAME OF P | ROVIDER OR SUPPLIER | | 806 FLOR | ADDRESS, CITY, STATE, ZIP CODE DRAL PL, NW NGTON, DC 20012 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE | |
| l 184 | manual failed to ev reflecting the chang agency's staffing st Interview with the L Manager on May 29 PM revealed that the did not reflect the Co | s: cy's policy and proce idence an organizatio ges in the componen- ructure and lines of a ead Counselor and h 9, 2008 at approxima ne current organizatio Qualified Mental Reta P) as an individual w | on chart its of the authority. House itely 2:30 on chart rdation | I 184 | Please find attack revised organiza chart. | hed tional | (p-10-08 | |
| I 203 | descriptions with ea employment and at This Statute is not Based on record re have on file for revi all employees. The findings include Review of the perso 5/29/08 at approxin GHMRP failed to p | all discuss the conteach employee at the least annually therest met as evidenced by view, the GHMRP falew current job describe: connel files conducted nately 3:12 PM, reversoride evidence of cutons for three staffs at | on aled the irrent | 1203 | | | | |
| l 204 | | EL POLICIES all be given a copy of eview and sign at the | his or her | I 204 | | | · | |

Health Regulation Administration

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULT A. BUILDIN | IPLE CONSTRÜCTION | (X3) DATE SURVEY COMPLETED | |
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| l 204 | beginning of emplo This Statute is not Based on record re have on file for revi all new employees. The findings include Review of the perso GHMRP failed to person | yment. met as evidenced by view, the GHMRP fa ew current job descr | iled to iptions for 3, the scriptions | I 204 | ank will monitor folders quarterly ensure all staff, are current. Please attached copies of descriptions for sta | staff 6-27- 6 ecords 4 find fob f(#2,#3) | 08 |
| l 206 | annually thereafter, certification that a h performed and that | EL POLICIES or to employment an shall provide a phys realth inventory has to the employee 's hea ther to perform the re | ician ' s been alth status | I 206 | 1. QMPP will monitor and consultant fold guarterly to ensure records are current Please find attached current health cero | staft 6-30-0 lers all tipicates. | 28 |
| | Based on interview GHMRP failed to enhealth certificates of the property of th | e: ersonnel files conduc ne GHMRP failed to _l t health certificates fo | he d current sted on provide or two | | 2. See 1206 #1. | 6-30-6 | 28 |

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING HFD12-0029 05/30/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 806 FLORAL PL, NW WARD WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) Continued From page 7 1206 evidence of current health certificates for two consultants at the time of the survey. (C#1 and C#2) QMPP will provide staff in-service training on Human Development 6-27-08 1225 1225 3510.5(b) STAFF TRAINING Each training program shall include, but not be limited to, the following: (b) Human development through the life cycle by 6-27-08. (birth to death); This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure effective training was provide to each staff. The finding include: Review of the training records on 5/29/08 revealed that the GHMRP failed to provide training on Human Development. QUIRP will monitor Staff 1 227 3510.5(d) STAFF TRAINING 1227 7-11-08 consultant and mursing record quarterly to ensure all records are Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by: current. all records Based on record review, the GHMRP failed to will be current by have on file for review current training in first Aid and CPR for employees. 7-11-08. The findings include: On 5/29/08, review of personnel records/training

records revealed that the following staff,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| I 227 | Continued From pa | ge 8 | | I 227 | | | |
| | consultants and nurses, were without current First Aid and CPR, or both at the time of the survey. 1. Current CPR - S#1 | | | | | | |
| | 2. First Aid - S #1, | C#1, and C#2 | | | · | | |
| I 379 | 3519.10 EMERGEN | NCIES | | I 379 | | | |
| | In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. | | | | | | |
| | Based on record reincidents that pose to governmental ag | met as evidenced by view the facility failed a risk to client health encies, as required b R Chapter 35 Sectio | to report or safety by DC | | | | |
| | The findings include |) ; | | | | | |
| | reports and intervie Counselor/House M approximately 3:30 to report the followin appropriate authorit | lanager on May 29, 2 PM, revealed the fac ng incident(s) to the ies: | 2008 at cility failed | | | | |
| | a. Review an a nu | irse's note dated 7/19 | 9/07 on | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLII IDENTIFICATION NU | | | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION G | (X3) DATE S COMPLE | | | |
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| NAME OF F | ROVIDER OR SUPPLIER | | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | 1 00/0 | 0,200 | |
| WARD | | 1 | 806 FLOR | DRAL PL, NW IGTON, DC 20012 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE | FION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE | |
| I 379 | May 29, 2008 at ap revealed that Resid Greater Southeast behaviors. Intervie Nurse on 5/30/08 rephysically aggressive. An unusual increvealed that Resid vehicle accident. Frevealed that Residemergency room for | proximately 12:56 PI lent #2 was discharg Hospital due to psycl w with the facility's R evealed that Residen ve toward staffs. ident report, dated 12 lent #1 was involved further of the incident lent #1 was transport | ed from hotic egistered at #2 was 2/11/07, in a t report ted to the | I 379 | | | | |
| | Professional service and evaluation, includevelopmental level services, and service deterioration or furth resident. This Statute is not Based on staff interfacility failed to ensuaccordance with the residents in the sart. The findings include the facility's nursing the service and the sart. | g services failed to e | of lent ent ent ent ent ent ent ent ent ent | | | | | |
| | Movement Scale (A evidence below: 1. Observations of administration on 5 Resident #1 was a | Abnormal Involunta AIMS) was updated a the evening medicat /29/08 at 5:58 PM re dministered Oxcarba | s tion vealed azepine | | | | | |

Health Regulation Administration

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| STATEMENT OF DÉFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | | | (X2) MULTI(A. BUILDING B. WING | • | (X3) DATÉ SURVEY COMPLETED | | |
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| NAME OF P | ROVIDER OR SUPPLIER | | | | STATE, ZIP CODE | | |
| WARD | | | | ALPL, NW TON, DC 20 | | | |
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| I 401 | Continued From page 10 | | | l 401 | | | |
| | Lorazepam 0.5 mg Resident #1 media approximately 2:45 Interview with the fi AIMS exams are u months. Further in that she was unabl exam in her workin Resident #1 was tr and that she wante conduct the first AI The RN further sta have been conduct transferring to a ne the survey, there w | by mouth. Review of I records on the same PM revealed no AIN acility's RN revealed sually conducted everterview with the RN right files. The RN state ansferred to a new per per the new psychiatris MS exam on the Rested that an AIMS example that an AIMS example of the new psychiatrist. At the vas no evidence that updated AIMS example of the new psychiatrist. | e day at IS exam. that the ry six revealed #1's AIMS ed that sychiatrist at to sident, am should #1 e time of the RN | | HIMS ATTACHED FOR | | |
| | administration on 5 Resident #2 was a Clonidine HCL 0.1 tabs, and Haldol 5 Resident #2 media approximately 12:5 dated 11/14/07. In revealed that the A conducted every s with the RN reveal transferred to a new wanted the new particular and the sexum on the why Resident #2 dexam. At the time evidence that the I AIMS exam for Resident 12/19/07 was as a close to the sexum of the lates of the table of | of the evening medical of 129/08 at 6:04 PM residentistered Abilify 20 mg, Depakote 500 mg by mouth. Review if records on 5/29/08 of PM revealed an Anterview with the facility and the exams are usually months. Further inded that Resident #2 wy psychiatrist to conduct the Resident. The RN so it is in the survey, there RN had completed and exident #2. The example of Resident #2's A as forwarded to my of ad been completed. | evealed of mg, mg two sew of at IMS exam ity's RN ally mterview was at she the first stated that AIMS was no nupdated IMS exam | | AIMS +MACHED FOR# | | |

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| AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI | R/CLIA MBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | | |
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| NAME OF PR | OVIDER OR SUPPLIER | NFD 12-0025 | 806 FLOR | L DRESS, CITY, S AL PL, NW TON, DC 2 | STATE, ZIP CODE | 05/3 | 30/2008 |
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